CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Received

COVER PAGE

MAR - 9 2009

Please type or print in ink.

☐ Candidate

Election Year:

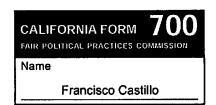
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GOVERNOR'S OFFICE LEGAL AFFAIRS

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER				
Castillo	Francisco	Jose	(916) 445-4571				
MAILING ADDRESS STREET	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS				
(May use business address)							
							
1. Office, Agency, or Court		4. Schedule Summa	ary				
Name of Office, Agency, or Court:		► Total number of pages including this cover page:					
Office of the Governor							
Division, Board, District, if applicable:		Check applicable schedules or "No reportable interests."					
Communications		I have disclosed interests on one or more of the attached schedules: Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)					
Your Position:							
Deputy Press Secretary and Comms Dir to First Lady ▶ If filing for multiple positions, list additional agency(ies)/							
position(s): (Attach a separate sheet Agency:		Schedule A-2 Yes -					
Position:		Schedule B Yes -	- schedule attached				
2. Jurisdiction of Office (Check at least one box)		Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments) Schedule D Yes – schedule attached Income – Gifts					
				☐ City of		Schedule E	
				Multi-County			
☐ Other		-0	or-				
		☐ No reportable interes	its on any schedule				
3. Type of Statement (Check at	least one box)						
☐ Assuming Office/Initial Date:		5. Verification					
Annual: The period covered is January through December 31, 2008.	ry 1, 2008, I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any						
O The period covered is/ December 31, 2008.	/, through	attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Leaving Office Date Left:/ (Check one)	_/						
O The period covered is January 1, 2008, through the date of leaving office.		Date Signe	March 6, 2009				
O The period covered is/ the date of leaving office.	/, through	Signature	floo official)				

filing official.)

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- You are not required to report "income" from government agencies.

NAME OF SOURCE	▶ NAME OF SOURCE
California State Protocol Foundation	
ADDRESS	ADDRESS
1215 K Street, Suite 1400	
CITY AND STATE	CITY AND STATE
Sacramento, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Border Governors Conference	
DOI GOT CONTOUR CONTOU	
DATE(S): 08 / 10 / 08 . 08 / 15 / 08 AMT: \$ 822.05	DATE(S):
TYPE OF PAYMENT: (must check one) X Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
NAME OF SOURCE	▶ NAME OF SOURCE
California State Protocol Foundation	
ADDRESS	ADDRESS
1215 K Street, Suite 1400	
CITY AND STATE	CITY AND STATE
Sacramento, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Governors' Global Climate Summit	
DATE(S): 11 / 17 · 08 . 11 / 19 / 09 AMT: \$ 575.18	DATE(S):
TYPE OF PAYMENT: (must check one) X Gift Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION:	DESCRIPTION:
Comments:	